

(1) PLACE OF BIRTH

County of Lancaster
Township of Indian Creek
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2804

File No.—For State Registrar Only

43100

Registered No. 235
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gi. Annelle Adams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL G. (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. P. Adams

(9) PRESENT POSTOFFICE OF FATHER Lancaster 24

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Lancaster 24

(13) OCCUPATION Tractor Hand

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Annie May Whitley

(15) PRESENT POSTOFFICE OF MOTHER Lancaster 24

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lancaster 24

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Local Registrar [Signature]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.